

SCAL PUGH SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Full legal Name:

Date of birth:

SSN:

Phone:

Current address:

City:

ZIP Code:

Email:

HIGH SCHOOL INFORMATION

High School Name:

High School address:

Graduation Mth/Yr

City:

ZIP Code:

Phone:

COLLEGE/UNIVERSITY INFORMATION (IF UNKNOWN LIST THE ONES YOU APPLIED TO)

Name of School:

Address:

Name of School:

Address:

Name of School:

Address:

Please Circle One: 4 year College/University 2 year Community Junior College Vocational-Technical School

WORK EXPERIENCE/ACTIVITIES/AWARDS, HONORS AND VOLUNTEER

Current Employer:

Employer Address:

Employer:

Employer Address:

List and awards, honors and activities below along with any volunteer work. Please use additional space if needed

SIGNATURES

Second Chance at Life, Inc has the sole responsibility of selecting recipients based on criteria as stated in the scholarship description. The application becomes the property of SCAL. Please retain a copy for your records.

I understand that all decisions are final. I certify that I meet the eligibility requirements of the scholarship as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. False documentation will result in forfeiture of the scholarship award.

I hereby authorize that SCAL and their designees to publish my name as a winner of the PUGH Scholarship in their public and professional documents including websites, newsletters and other various publications.

Signature of applicant:

Date: